PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. KOVACH FOR CONGRESS INC PO BOX 30498 ADDRESS (number and street) (Check if address is changed) WILMINGTON 19805 DE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2013 C00503946 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Christopher M Marston Type or Print Name of Treasurer Christopher M Marston [Electronically Filed] 04 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	
	te Committee:	
(a) >	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Confinement of the committee of the committee) and is NOT a principal campaign committee.	mplete the candidate
Name of Candidate	THOMAS H KOVACH	
Candidate Party Affil	ation REP Office X House Senate President	State
		District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	tuo or mara political
(g)	committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised	I 02/2009)	Page <b>3</b>
Write or Type Committee Nam	ne	
<b>KOVACH FOR</b>	CONGRESS INC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
D. I. ii. alkim		
Relationship: Connecte	ed Organization	Leadership PAC Sponsor
Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in	n possession of committee
books and records.	situly by italite, addition (priorite manifest of priorite priorit	n possession 22 22
Christoph	her M Marston	
	PO Box 26141	
Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Alexandria VA 223	313
Title or Desirion	CTATE	712 0005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 571	- <u>482</u> - <u>7690</u>
<ol> <li>Treasurer: List the name at any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
	ner M Marston	1
of Treasurer	PO Box 26141	
Mailing Address	1	
	Alexandria   VA   223	212
	Alexandria VA 223 CITY STATE	ZIP CODE
Title or Position , Treasurer	, 571 ,	482 <sub>1 1</sub> 7690 <sub>1</sub>
	Telephone number	

1 LO 1 011	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
		is accounts, rents
safety deposit bo	oxes or maintains funds.	is accounts, rents
safety deposit bo Name of Bank, I	PNC Bank One PNC Plaza  249 Fifth Ave	zip code
safety deposit bo Name of Bank, I	Depository, etc.  PNC Bank  One PNC Plaza  249 Fifth Ave  Pittsburgh  PA 15222  Depository, etc.	
Name of Bank, I	PNC Bank One PNC Plaza  249 Fifth Ave  Pittsburgh Pittsburgh CITY STATE	
safety deposit be Name of Bank, I	Depository, etc.  PNC Bank  One PNC Plaza  249 Fifth Ave  Pittsburgh  PA 15222  Depository, etc.	
Name of Bank, I	Depository, etc.  PNC Bank  One PNC Plaza  249 Fifth Ave  Pittsburgh  PA 15222  Depository, etc.	
Name of Bank, I	Depository, etc.  PNC Bank  One PNC Plaza  249 Fifth Ave  Pittsburgh  PA 15222  Depository, etc.	